



**COMMONWEALTH OF MASSACHUSETTS**  
**DEPARTMENT OF TELECOMMUNICATIONS AND CABLE**

***Annual Return and Revenue Statement for calendar  
year ending December 31, \_\_\_\_\_***

1. Exact legal name of the registered company is \_\_\_\_\_
2. Doing business as (dba) in MA, if any \_\_\_\_\_
3. Federal Employee Identification No. (FIN) \_\_\_\_\_
4. Address of its principal office is \_\_\_\_\_  
\_\_\_\_\_
5. Address of its regulatory office, if different from principal office \_\_\_\_\_  
\_\_\_\_\_
6. Mailing address, if different from above \_\_\_\_\_  
\_\_\_\_\_
7. Main/General Telephone Number \_\_\_\_\_
8. Has company changed its registered and/or operating name(s) during the calendar year?

☐ No

☐ Yes If 'yes' provide the following information below:

Previous name(s)	dba	FIN	Date changed/reason
------------------	-----	-----	---------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Annual Return and Revenue Statement of \_\_\_\_\_ for calendar year ending  
December 31, \_\_\_\_\_

9. Date and state of incorporation \_\_\_\_\_

10. Long-term debt \$ \_\_\_\_\_ Short-term debt \$ \_\_\_\_\_

11. Capital stock authorized \$ \_\_\_\_\_ Capital stock outstanding \$ \_\_\_\_\_

12. Dividends paid out \$ \_\_\_\_\_ Dividends declared \$ \_\_\_\_\_

13. Briefly describe company's business operations in MASSACHUSETTS.

\_\_\_\_\_  
\_\_\_\_\_

### **Signature and Oath of Treasurer and Chief Accounting Officer**

We hereby certify that all statements contained in this return are full, just and true on this, the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

#### **Treasurer:**

\_\_\_\_\_  
Name (typed or printed)

\_\_\_\_\_  
Signature

#### **Chief Accounting Officer:**

\_\_\_\_\_  
Name (typed or printed)

\_\_\_\_\_  
Signature

**If signatures of the above two parties were affixed outside of the Commonwealth of Massachusetts, they must be properly sworn to, in person, as attested to by a Notary Public or Justice of the Peace:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address (city, state and Zip Code)

\_\_\_\_\_  
Name (typed or printed)

My commission expires on: \_\_\_\_\_  
(mm/yyyy)

**Revenue Statement**

1. *Exact legal* name of reporting company \_\_\_\_\_
2. dba in MA, if any \_\_\_\_\_
3. Federal Employee Identification Number (FIN) \_\_\_\_\_
4. If filing a combined revenue statement, list registered name and FINs of **all** joint filers:

Registered name(s)

dba

FIN


5. MA **intrastate** operating revenue \$ \_\_\_\_\_
6. MA **intrastate** operating expenses \$ \_\_\_\_\_

**CONTACT INFORMATION**

Questions concerning the information provided in this return, and **regulatory assessments should be directed to:**

[ ] ***Please check if the contact information has changed since last filing.***

Contact person/title: \_\_\_\_\_

Address: \_\_\_\_\_

Contact person telephone number \_\_\_\_\_

Contact person E-mail address \_\_\_\_\_

*I hereby certify, under penalty of perjury, that the foregoing statement is true to the best of my knowledge and belief.*

Date \_\_\_\_\_ Signature \_\_\_\_\_

Name/Title (typed or printed) \_\_\_\_\_

There is a \$5 filing fee. Please issue a check made payable to the Comm of MA-DTC.  
Do not staple the check to the forms. Mail the original plus one (1) copy of the completed **Annual Return and Revenue Statement**, with the \$5 check, plus one (1) photocopy of the check to:

**MA Department of Telecommunications and Cable  
Attn: Competition Division  
Two South Station  
Boston, MA 02110**